BENEFIT HIGHLIGHTS

NETWORK HEALTH SELECT (PPO)

Brown, Calumet, Dodge, Door, Florence, Fond du Lac, Forest, Green Lake, Kewaunee, Manitowoc, Marinette, Marquette, Menominee, Oconto, Outagamie, Portage, Shawano, Sheboygan, Waupaca, Waushara, Winnebago

This is a short description of your **2027** benefits. For a complete listing of benefit information, please refer to your Summary of Benefits or *Evidence of Coverage* (EOC). You may find these materials by logging into your member portal at **login.networkhealth.com** or by visiting **networkhealth.com/medicare/plan-materials**.

YOU PAY THE SAME IN- AND OUT-OF NETWORK FOR MEDICAL BENEFITS[3]	
Monthly Premium	$0
Annual Medical Deductible	$200
Annual Medical Maximum Out-of-Pocket	$4,450 combined in- and out-of-network
Inpatient Hospital Services[1] *Deductible applies*	$340 per day, days 1 - 6 $0 days 7 and beyond
Outpatient Hospital Services[1] *Deductible applies*	$300
Ambulatory Surgical Center[1] *Deductible applies out-of-network*	$250
Primary Care Provider Visit *Deductible applies out-of-network*	$0
Specialist Visit *Deductible applies out-of-network*	$60
Diabetes Monitoring Supplies and Test Strips Accu-Chek and FreeStyle test strips FreeStyle Libre and Dexcom continuous glucose monitoring devices and supplies[1] obtained through your pharmacy Must have a diabetic diagnosis All other brands are not covered *Deductible applies out-of-network*	$0 for up to a 90-day supply
Diagnostic Tests[1] Such as ultrasound, EKG, stress test *Deductible applies*	$40
Diagnostic Radiology Services[1] Advanced Imaging (PET, CAT, MRI, MRA, NUC Scans) *Deductible applies*	$300
Labs What you pay may be based on the service received and/or where you are treated *Deductible applies out-of-network*	$0 or $20
X-rays *Deductible applies*	$40
Emergency Room Visit Copayment is waived if admitted to a U.S. hospital within 24 hours	$130
Urgent Care Visit Free-standing facility	$60
Air and Ground Ambulance Services *Deductible applies out-of-network*	$300
Outpatient Physical[1]**, Occupational**[1]**, Speech Therapy** *Deductible applies*	$55
Hearing Aids[2] Maximum of two hearing aids per year Required hearing aid evaluation with TruHearing, fitting included	$495 to $1,695 per device in-network

YOU PAY THE SAME IN- AND OUT-OF NETWORK FOR MEDICAL BENEFITS[3]	
Dental Services[2]	Up to $400 reimbursed through Pick Your Perks
Annual Routine Vision Exam[2]	$10 in-network $40 reimbursement out-of-network
Additional Eyewear[2]	Up to $400 reimbursed through Pick Your Perks
Fitness with One Pass™ [2]	$0 in-network
Pick your Perks[2] *	$400
Travel within the United States	Receive in-network coverage when you venture outside Wisconsin and within the United States territories. You can see any provider who accepts Medicare beneficiaries, and is willing to bill Network Health.

YOUR DRUG COSTS	Network Health Select (PPO)
Yearly Drug Deductible You pay the full amount of your covered Part D drugs until the deductible is met	$330 Applies to Tiers 2-5
INITIAL COVERAGE – Amount shown is the maximum you will pay. You may pay less. Cost share applies after deductible is met.	
30-Day Supply **Preferred Pharmacy or Preferred Mail Order Pharmacy**	$1 for Tier 1 $8 for Tier 2 20% for Tier 3 37% for Tier 4 29% for Tier 5
3-Month Supply **Preferred Pharmacy** **100-Day Supply for Tier 1** **90-Day Supply for Tiers 2-4**	$2 for Tier 1 $20 for Tier 2 20% for Tier 3 37% for Tier 4 Tier 5 is not available
3-Month Supply **Preferred Mail Order Pharmacy** **100-Day Supply for Tier 1** **90-Day Supply for Tiers 2-4**	$0 for Tier 1 $0 for Tier 2 20% for Tier 3 37% for Tier 4 Tier 5 is not available
Part D Insulin[1] – One-month supply **no more than $35**	
Part D Vaccines – Shingrix, RSV, all other adult ACIP[4] recommended vaccines **$0**	
CATASTROPHIC COVERAGE	
You enter catastrophic coverage when your total out-of-pocket costs reach $2,400. You pay $0.	

[1]Service may require prior authorization.
[2]Visit **networkhealth.com/medicare/extra-benefits** for more information, this is not a medical benefit.
[3]Deductible applies first in certain situations, then you pay the same in- and out-of- network.
[4]Advisory Committee on Immunization Practices
*Reimbursement for the following extra benefits: dental services, vision hardware, non-emergency transportation, over-the-counter items, acupuncture, massage therapy, personal training (4 visits or $225 allowance), nutritional/dietary counseling.

Network Health Medicare Advantage Plans include PPO plans with a Medicare contract. Enrollment in Network Health Medicare Advantage Plans depends on contract renewal. Out-of-Network/noncontracted providers are under no obligation to treat Network Health members, except in emergency situations. Please call our member experience number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.
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2027 network health

Pick Your Perks

Using Your Pick Your Perks Benefit

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What is Pick Your Perks?

The Pick Your Perks reimbursement program allows you to choose the supplemental benefits that are most important to you. Simply pay for your eligible services and submit the required documentation to receive reimbursement.

You have access to your full Pick Your Perks benefit amount beginning the day your Network Health plan coverage starts. You can use the program for one, or many, of the eligible supplemental benefits. No prior authorization is required and you don't need to notify the plan before you receive services. With Pick Your Perks, you have the freedom to choose the benefits you value most.

You can manage your Pick Your Perks program easily online where you can submit claims, review claims status, set up direct deposit and more.

What Does Pick Your Perks Cover?

Pick Your Perks can be used to cover your eligible supplemental benefit expenses that are received or purchased at any traditional or online retailer within the United States. You cannot use Pick Your Perks to reimburse expenses for any other person, such as a spouse or family member. The Pick Your Perks table on page 6 details which expenses are eligible for Pick Your Perks reimbursement and the documentation needed for each. A complete list is also available online at **login.networkhealth.com**.

A list of examples of items Pick Your Perks does not cover is on page 11.

When Do I Need to Submit for Reimbursement?

Your claim must be **received** by Employee Benefits Corporation (EBC) **within 120 days of the date of service** or item's purchase to be eligible for reimbursement. We recommend you submit your claim for reimbursement online as soon as possible to ensure it's received on time. Your service must be rendered however, does not need to be paid in full to submit your claim for reimbursement.

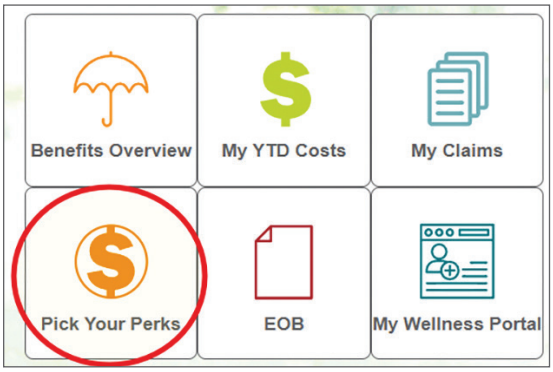
How Do I Submit for Reimbursement?

After you are billed for services or pay for eligible items, you must submit the reimbursement claim to EBC for processing. Claims can be submitted electronically online or through the mail with a paper form. All claims are processed within five business days and reimbursed by direct deposit or check payment.

Submit Online (Fastest and Most Secure)

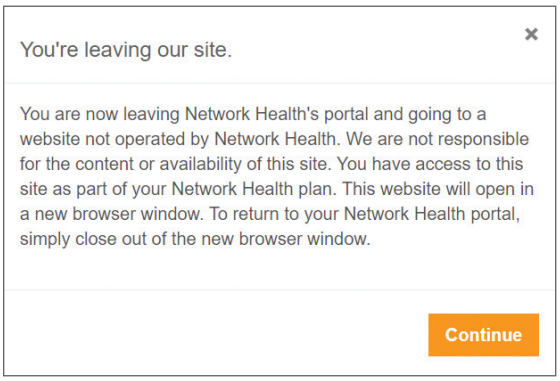
1. Log in at **login.networkhealth.com**

2. Select the Pick Your Perks quick access button

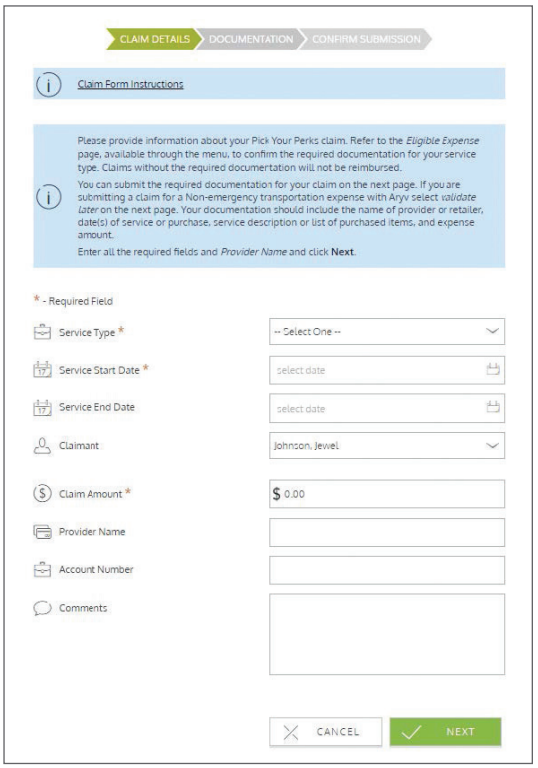


SCAN ME to watch the video and learn more about Pick Your Perks

SCAN ME



3. Complete the claim form on the homepage, upload documentation and submit



Tip: If the receipt was not emailed to you, take a photo of your receipt with your phone and email it to yourself to make uploading easier.

Mail Claim Form

1. Complete the claim form with all required information

2. Mail claim form with copies of the required documentation to:

Employee Benefits Corporation
P.O. Box 44347
Madison, WI 53744-4347

If EBC requires additional information to process the claim, they will reach out to you by email or mail to get the necessary information prior to processing the reimbursement.

Reminder: Your claim must be **received** by Employee Benefits Corporation (EBC) **within 120 days of the date of service** or item's purchase to be eligible for reimbursement.

What Documentation is Required?

Services

Require an itemized invoice or receipt showing the following for each service.

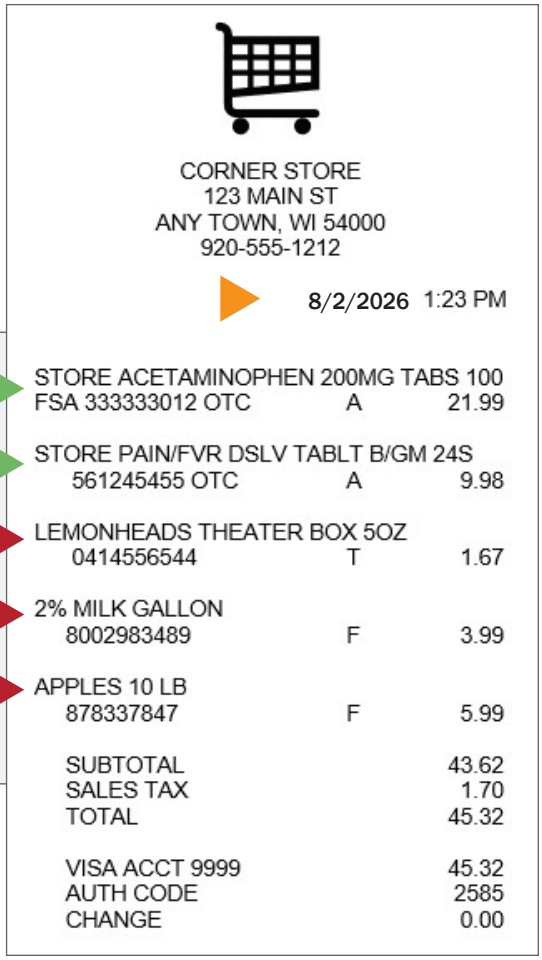
- Specific dollar amount per service
- Description of service received
- Date service was received* (not the date you were billed)
- Provider name

Over-the-Counter Purchases

Require an itemized receipt showing the following for each item.

- Specific dollar amount per item
- Date of purchase* (not the date you were billed)
- Description

*Note, your service must be rendered however, does not need to be paid in full to submit your claim for reimbursement.



The receipt must show the **actual date the service or purchase when it occurred**, not only the date you were billed for services.

These items **are** eligible for reimbursement. The receipt shows all of the required information needed to process the reimbursement. The total amount that will be reimbursed to this member for these items is $31.97.

These items **are not** eligible for reimbursement through the Pick Your Perks benefit. This member will not receive a reimbursement for these items.

How Can I Receive Reimbursement?

All claims are processed within 5 business days and reimbursed by direct deposit or check payment.



Direct Deposit (Fast and Secure – 5 business days)

EBC will review the submitted information and reimburse you directly to your bank account for qualified purchases, within five business days of receipt.

To setup or manage your direct deposit.

1. Log in at **login.networkhealth.com** and select the Pick Your Perks quick access button.
2. From the main menu, select **My Account.**
3. Go to **Manage Direct Deposit** and complete the required details.



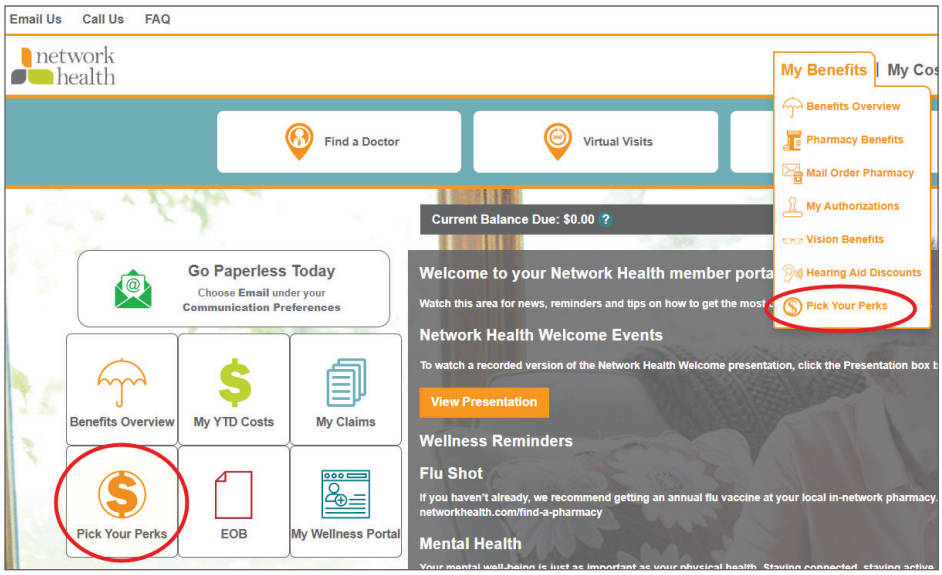
Check (May take up to 21 days)

EBC will review the claim and mail a check to the address you have on file with Network Health. Please allow up to 21 days to receive your reimbursement.

To update your address, call the Network Health Member Experience Team at 800-378-5234 (TTY 711), Monday–Friday from 8 a.m. to 8 p.m.

How Can I Check the Status of My Submission?

Log in to your portal at **login.networkhealth.com** and click the Pick Your Perks button to check your balance or track your reimbursement requests. Your member portal is the quickest, most convenient way to use the Pick Your Perks benefit.



Pick Your Perks Benefits

		Required Documentation
Dental+		
	· Reimbursement for dental services not covered by Medicare, such as cleanings, fillings, X-rays, dentures, dental implants, root canals and crowns · Excludes cosmetic dentistry, orthodontia, dental insurance premiums and dental memberships	Itemized invoice or receipt
Vision hardware+		
	· Includes prescription eyeglasses, prescription sunglasses and contact lenses (including Corneal Refractive Therapy (CRT) lenses) · Excludes cosmetic items, warranties and LASIK	Itemized invoice or receipt
Non-emergency transportation		
	· This benefit can be used to travel to medical appointments and pharmacies · To arrange an in-network ride, * **All *except* Florence and Forest counties**, call Aryv at 855-923-1113 (TTY 711), Monday–Sunday, 4 a.m. to 10 p.m. or visit **aryv.com/network-health**. * **For Florence and Forest counties only**, call Network Health directly at 866-709-0019 (TTY 711), Monday–Friday, 8 a.m. to 8 p.m. To cancel your ride, please do so during business hours no less than 24 hours in advance of your scheduled ride.	Documentation provided directly to Network Health by approved travel vendor partner
Acupuncture+		
	· Must be provided by a licensed/certified professional	Itemized invoice or receipt
Massage+		
	· Must be prescribed by a medical provider and provided by a licensed/certified professional	Itemized invoice or receipt and prescription
Over-the-counter (OTC) items (prescriptions not included)		
	· Items must be on the approved list starting on page 7 · Items marked as “dual-purpose” should be discussed with your personal doctor to determine if they are appropriate for you before purchasing	Itemized invoice or receipt
Nutritional/dietary counseling+		
	· Counseling for weight loss, healthier living and new disease diagnosis that requires a special diet · Must be provided by a licensed/certified professional · Meal plans, lab work and allergy tests are excluded	Itemized invoice or receipt
Four personal training visits, up to $225+		
	· Up to four visits with a licensed/certified personal trainer · Maximum total reimbursement of $225	Itemized invoice or receipt

+There is no provider network for this reimbursement benefit. You can see any licensed provider/certified professional in the United States.

List of Eligible Over-the-Counter Items

The items on this list can be generic or name brand items and may be purchased at any traditional or online retailer within the United States.

Not sure if your favorite items are on this list? Log in at **login.networkhealth.com** and select the Pick Your Perks quick access button to view a full list of eligible expenses, or call the EBC customer service team at 888-831-4753 (TTY 711), Monday–Friday from 8 a.m. to 8 p.m. to find out.

Allergy relief
Allergy nasal spray
Allergy or antihistamine tablets
Nasal decongestant or saline spray
Antacids and acid reducers
Antacid tablets, chewable or liquids (ex. Alka-Seltzer®)
Anti-gas liquid or tablets
Acid-reducers or acid reflux treatments (Esomeprazole, Famotidine, Omeprazole, Simethicone)
Anti yeast treatments
Antifungal creams
Anti-diarrheal, laxatives, digestive health
Anti-diarrheal tablets or liquid
Digestive Enzyme
Enema
Fiber tablets*
Fiber therapy (Methylcellulose)
Food thickener
Gas relief tablets or liquid
Indigestion liquid or tablets (Bismuth subsalicylate)
Lactose intolerance relief capsules
Laxative tablets or suppositories
Magnesium hydroxide (milk of magnesia)
Meal replacement or protein shakes and powders (does not include Muscle Milk® or other exercise-related shakes and powders)
Natural vegetable laxative
Laxative / stool softener liquid, powder or pill
Probiotics
Anti-fungal
Anti-fungal cream
Athlete's foot cream or spray
Bathroom safety and fall prevention
Adjustable transfer bench
Bath bench (with or without back)
Bathtub safety rail, bar or chair
Bed rail
Bedside commode or commode liner
Cane
Detachable shower head
Grab bar
Night light
Non-skid bath or shower mat
Raised toilet seat
Toilet safety rails
Cold and flu relief products
Cold and flu symptom relief products
Cough drops, lozenges or sprays
Cough suppressant or expectorant
Mucus relief
Nasal decongestant or saline rinse kits
Personal steam inhaler
Sore throat lozenges or sprays
VapoRub®
Cold sore and medicated lip products
Cold sore lip balm
Cold sore treatment (Abreva®, Releev®, etc.)
Medicated Chapstick® / lip balm
Medicated lip ointment
Dental and denture care
Dental floss and interdental flossups

*This is a dual-purpose item, discuss with your personal doctor to determine if it is appropriate for you before purchasing.

Denture cleaning tablets
Denture adhesive
Denture repair
Dry mouth rinse or spray
Fingertip tooth and gum massager
Medicated sore mouth swabs
Oral pain relief
Replacement toothbrush heads
Tongue cleaner
Toothbrush
Toothpaste
Water jet and replacement tips
Diabetes care
Diabetic skin relief foot cream
Diabetic socks
Glucose tablets or liquid
Diagnostics
Bathroom scale*
Blood pressure monitor*
EKGs
Finger pulse Oximeter*
Heart rate monitor*
Home access cholesterol kit*
Peak flow meter*
Thermometer
Thermometer probe covers
Eye and ear care
Artificial tears drops or ointments
Contact lens solution
Cotton tipped swabs
Ear pain relief ear drops
Ear wax removal products
Eye patches
Irritation or redness relief eye drops
Stye eye compress and ointments
Swim-ear ear drops
First aid
Adhesive bandages
After Bite® relief
Alcohol pads
Anti-itch lotion, cream or bath treatment
Antiseptic skin cleanser
Antiseptic towelettes
Bacitracin ointment
Bactine® solution
BleedStop™ First Aid Powder
Cotton balls
Cotton tipped applicator
Elastic bandage
First aid kit
Gauze
Hot / cold pack
Hydrocortisone cream
Hydrogen peroxide
Insect repellant spray
Iodine solution antiseptic
Isopropyl alcohol
Liquid bandage
Naloxone (Narcan)
Nitrile exam gloves
Paper surgical tape
Procedural face masks with earloops
Sterile bandages
Triple antibiotic ointment
Vinyl gloves
Foot care
Bunion guard
Callus / corn remover pads
Medicated foot powder
Shoe insoles and inserts

*This is a dual-purpose item, discuss with your personal doctor to determine if it is appropriate for you before purchasing.

Toe protector / separator
Wart remover patch, liquid or system
Hemorrhoidal preparations
Hemorrhoid relief creams, ointments, wipes, pads or suppository
Home aids
Cool-mist humidifier
C-PAP supplies (excludes masks, humidifiers and C-PAP devices)
Elastic mattress cover
Foam ring cushion
Hypoallergenic pillow
Inflatable shampoo basins
Kitchen scale*
Lumbar cushion
Pill case, crusher or cutter
Reach extender
Seat cushion (gel or foam)
Sharps container
Weighted blanket
Incontinence supplies
Adult briefs
Barrier cream
Bladder control pads
Disposable underwear
No-rinse body wash
Perineal wash
Skin protectant ointment (A+D® ointment)
Washcloth with lanolin
Wipes
Lice treatments
Medicated lice treatments (shampoo, rinse or kits)
Motion sickness
Motion sickness caplets, tablets or patches
Pain relief
Hot / cold menthol medicated patch

Epsom salt
Heat wraps
Heating pad
Ice bag
Lidocaine patch
Menthol gel
Migraine pain relief patch
Pain relief cream, mask, patch or spray
Pain relieving muscle rub
Urinary Tract Pain Relievers (AZO®, Cystex®, Uristat®, etc.)
Water bottle for warm or cold therapy
Pain relievers and fever reducers
Acetaminophen
Arthritis pain relievers
Aspirin
Ibuprofen
Naproxen
Pain relief cream (Capsaicin)
Skin and sun care
Acne gel
Ammonium lactate moisturizing lotion (Amlactin®)
Calamine skin protectant lotion
Hand sanitizer
Healing ointment or jelly
Insect repellent spray
Moisturizing body lotion
Petroleum jelly
Scar treatment products
Skin cleansers (antiseptic only)
Sunscreen
Sleep aids
Nasal strips
Sleep tablets (non-prescription)
Smoking cessation
Nicotine gum, lozenges or patches

*This is a dual-purpose item, discuss with your personal doctor to determine if it is appropriate for you before purchasing.

Supports and braces
Ankle support
Arm sling
Arthritis gloves
Arthritis knee sleeve
Back support
Carpal tunnel brace
Compression socks*
Elbow support
Gait belt
Heel and elbow protector
Hip protector
Knee stabilizer
Knee support
Neck brace
Night wrist support
Protective arm sleeve
Rib belt
Thumb brace
Wrist splint
Wrist support or compression
Vitamins, minerals and supplements**
Beta carotene*
Biotin gummy*
Bone support with magnesium*
Calcium + Vitamin D3*
Calcium*
Caltrate® multivitamins
Calunus oil*
Centrum Silver® multivitamins
Cod liver oil*
Coenzyme Q-10*
DHEA hormonal supplement*
Elderberry*
Fish oil*
Flaxseed*
Folic acid*
Garlic supplement*
Glucosamine / chondroitin*
Herbal cranberry supplement
Immune support chewables*
Iron supplement*
Leg cramps pain relief*
Magnesium*
Melatonin*
Niacin*
Omega + DHA*
One A Day® Men's multivitamins
One A Day® Women's multivitamins
Potassium gluconate*
Prostate support tablets*
Rena-Vite*
Vitafusion™ multivitamins
Vitamin A*
Vitamin B-1*
Vitamin B-2*
Vitamin B-12*
Vitamin B-6*
Vitamin B-complex*
Vitamin C*
Vitamin D3*
Vitamin E*
Vitamin K*
Vitamin K-2*
Zinc chelated*

*This is a dual-purpose item, discuss with your personal doctor to determine if it is appropriate for you before purchasing.
**Multivitamins must contain the word "multivitamin" in the product name to be approved. If the primary ingredient of the vitamin, mineral or supplement is listed here it will be considered eligible. Herbal supplements not listed are ineligible. Supplements containing CBD or hemp oil are also ineligible.

Save Time Before You Submit

Take a quick look at this list before submitting your claim. It includes examples of items that are **ineligible** under the Pick Your Perks benefit. **Note:** The examples below are intended to illustrate some of the most frequently denied submissions and do not represent a complete list. Please contact Employee Benefits Corporation (EBC) for questions regarding an item you would like to submit.

Dental
Dental insurance premiums
Dental membership fees
Diabetes-related items
Diabetic supplies
Hearing and chiropractic
Chiropractic services
Hearing aid services or hearing related supplies
Other ineligible expenses
CBD or hemp products
Coupons, cash-back offers, reward points or other discounts
Purchases or services outside the United States

Personal care and household items
Household cleaning supplies
Personal hygiene items
Prescriptions and medical care
Copayments
Emergency room visits
Hospital stays
Lab tests
Office visits
Prescription drugs
Surgeries
Vision
Eyewear protection plans or warranties
Vision exams

Non-Emergency Transportation Out-of-Network Reimbursement

Members who choose to use an out-of-network transportation vendor must submit a Medicare Advantage Out-of-Network Member Reimbursement Form along with a paid itemized receipt to:



Network Health
Attn: Claims Department
PO Box 568
Menasha, WI 54952

To be considered for reimbursement, the documentation must be received by Network Health within 120 days of the ride. You can find the form at **networkhealth.com/medicare/member-resources** under the forms section.

Call the EBC customer service team at 888-831-4753 (TTY 711), Monday–Friday from 8 a.m. to 8 p.m. with questions related to what is covered and not covered by Pick Your Perks.

Questions?

If you have questions about the claim submission process, please contact Employee Benefits Corporation at **888-831-4753** (TTY 711), Monday–Friday from 8 a.m. to 8 p.m.

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